

CRS Parent Connection

Alabama Department of Rehabilitation Services

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Fall 2010

CRS celebrates 75th anniversary of Title V

Children's Rehabilitation Service (CRS) offices all across the state recently held events to commemorate the 75th Anniversary of Title V of the Social Security Act.

Congress enacted the law in 1935 to establish Maternal and Child Health Services programs to assure the health of American mothers and children, including children with special health care needs. CRS is Alabama's program serving children with special needs.

While commemorating the anniversary, local offices celebrated with the community, cake, and CRS displays.

Birmingham Mayor William A. Bell attended the event organized by the CRS office at The Children's Hospital.

At the CRS state office and Montgomery district office celebration, Commissioner Cary Boswell read a commendation from Gov. Bob Riley marking the anniversary.

Also at the Montgomery event, CRS Assistant Commissioner Melinda Davis also presented the Champion in the Field of Maternal and Child Health Award to Dr. Beverly Mulvihill, an associate professor at the University of Alabama at Birmingham School of Public Health.

The award was given in recognition of Mulvihill's work with CRS. She has assisted the program with every needs assessment since the requirement was implemented





by the Maternal and Child Health Bureau (MCHB).

The Montgomery celebration also included a video, a display of commemorative 75th anniversary posters, CRS photos, a 50th Anniversary poster, and a notebook recapping significant events during each

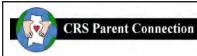
Top, Bonita Torrence, CRS supervisor at The Children's Hospital (TCH) office in Birmingham, speaks at the office's 75th celebration to guests such as Birmingham Mayor William A. Bell, ADRS Commissioner Cary Boswell and CRS Assistant Commissioner. **Left**, Davis presents the Champions in the Field Award to Dr. Beverly Mulvibill at the Montgomery event.

decade of the 75 years.

The video included the new CRS video intermingled with footage from a CRS field clinic in 1940.

For photos from other local 75th anniversary events, please see Page 8.

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Parent Connection is a complimentary newsletter published by Children's Rehabilitation Service for families of children with special health care needs. The goal of this newsletter is to increase communication and share information about children with special health care needs and their families. The newsletter reflects a family-centered theme throughout and serves as a forum for family members to share information, thoughts, feelings, concerns, etc. Nothing printed or implied in this publication constitutes an endorsement by the Alabama Department of Rehabilitation Services.

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From the Director's Chair



Hello, Parents and Caregivers,

I hope that you have a safe holiday season as we enter the new year with hope for a better economy. In reviewing previous Parent Connection newsletters, I realized that since 2008, the director's article in the fall and winter issues has, out of necessity, been about the Alabama Department of Rehabilitation Services (ADRS)/Children's Rehabilitation Service (CRS) budget outlook. So that you might continue to play a role in advocating for increased legislative support of the CRS program, it is important that I again share information about budget changes, this time over the past five fiscal years.

In FY 2007, CRS received \$600,000 less than requested.

In FY 2008, CRS received all that was requested, including the shortfall from FY 2007.

In FY 2009, CRS received an allocation very similar to the 2007 level, which was a reduction from the 2008 amount.

At the end of the first quarter of FY 2009 (December 2008), all ADRS programs — including CRS — were prorated by 9 percent. Later in the same fiscal year, all ADRS programs were prorated by an additional 2 percent, leaving CRS to operate at an 11 percent proration level. The CRS budget allocation decreased by \$1,514,315. Simply stated, the legislature allocated \$13,766,502 to us at the beginning of the fiscal year and following the 11 percent proration, our allocation was only \$12,252,187.

Moving into FY 2010, the CRS allocation was decreased even further, as we received only \$11,660,252. Again due to proration, we continued to be notified of cuts, this time 7 percent, which decreased the initial allocation by \$875,000. This reduced the FY 2010 allocation to \$10,785,733. Then, with less than a month left in FY 2010, we were prorated by an additional 2 percent, bringing our total FY 2010 allocation to \$10,522,528.

So far, we have not received notice of proration in the current fiscal year (FY 2011). We received and continue to operate at the 7 percent proration level from FY 2010, which is \$10,785,733. That is our total allocation for FY 2011.

The bottom line is that, since FY 2008, the CRS legislative allocation has decreased from \$15,049,813 to \$10,785,733, a cut of more than \$4 million dollars. These cuts add up over time and have made it increasingly difficult for CRS to continue to provide services at the same level.

With a new governor as well as many new faces in the Alabama Legislature, we will be challenged to educate even more new leaders about the comprehensive services CRS provides to children and youth with special health care needs. Health care costs continue to rise, increasing CRS' cost of providing services to families. At the same time, our state allocation

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New CRS grant assists infant hearing tests

Hearing loss is a common birth abnormality for newborns.

So common, in fact, that legislation requires that every baby be tested for hearing loss as part of a universal newborn hearing screening program.

In Alabama, 5 percent of babies do not pass that initial screening in hospitals, said Amy Strickland, Alabama Department of Public Health newborn hearing screening coordinator.

"Approximately 3,200 to 3,500 babies a year fail the initial assessment," Strickland said.

Those babies are then sent to sites such as Children's Rehabilitation Service (CRS) for a follow-up hearing assessment.

To aid in that assessment, CRS recently received a \$116,200 grant from Public Health to update equipment it uses to test infants' hearing.

CRS used the grant money to purchase seven automated brainstem response (ABR) units for the seven CRS audiologists to use in their



Jennifer Wesley, audiologist in Dothan and Andalusia, uses equipment from a Public Health grant to test the hearing of 4-month-old Tiana Boykins

offices around the state.

The new equipment allows CRS to comply with 2007 Joint Committee on Infant Hearing's Position Statement that recommends the ABR be used for re-screening of infants with hearing loss, said Alice Sette, Au.D, statewide program specialist for audiology.

The units provide a more comprehensive hearing assessment than the otoacoustic emissions test (OAE), which CRS previously used.

Sette said the program is glad to have the updated equipment.

"We're grateful that they were willing to give us the grant and that they partner with us to provide services for Alabama's youngest residents," she said.

CRS video wins award

The National Rehabilitation Association recently honored Children's Rehabilitation Service (CRS) for its video, "Children and Families: The Very Heart of CRS."

The video received the NRA's Excellence in Media Award for 2010 at the group's annual convention in New Orleans.

The award was for an organization "whose media production has made a noticeable contribution towards the accurate and progressive portrayal of people with disabilities."

Kay West, Anniston CRS nurse coordinator, nominated the video. She accepted the award, along with Susan Miller, district supervisor for the CRS Anniston, Gadsden, and Talladega district, who was instrumental in obtaining the funding for the project.

(Director, continued from Page 2)

continues to decrease.

Many of you have experienced changes and cuts in client services as CRS has tried to manage in the face of these tough economic times. Others, including our only population of adult patients in the Hemophilia Program, have experienced changes in services as well.

Over the past months, your CRS leaders have been meeting to develop a strategy for continuing to provide quality services to our children and families with fewer operating funds. As you can imagine, that task has been a tremendous challenge. We will keep you informed of our progress in this effort and will be planning to share this strategy with you by mid-January. We will also provide more information to you regarding cuts to our Hemophilia Program. You will be notified of a statewide Parent Advisory Council (PAC)

meeting.

Also, we need your participation more than ever in your local PAC. Please follow legislative activities by listening to the news and reading your local newspapers. Many of you know that you can access most local newspapers online. ADRS/CRS funding is through the Education Trust Fund (ETF), so any time you read or hear that the ETF has been cut or prorated, our agency programs are affected.

When or if you have questions, please do not hesitate to call your local CRS office or parent consultant. You may also contact us at the state office in Montgomery at 1-800-846-3697.

We look forward to working closely with you in the coming months as we plan for the future of CRS.

Melinda M. Davis
Assistant Commissioner, CRS

Siblings of children with disabilities experience unique challenges, opportunities

The dynamics of any sibling relationship are complex, but the mix of siblings with and without disabilities in a family can create a unique set of challenges for parents and siblings alike.

Research has documented sever al concerns voiced by siblings of children with disabilities, including loss of parental attention, the need for information about the disability, increased caregiving demands, and concern about the future. Yet research has also shown that these siblings have a unique opportunity to develop insight into the human condition, maturity from coping with their special-needs sibling, appreciation for good health, and other positive characteristics.

The type and severity of the disability, the number of siblings, how far apart they are in age, and how a family deals with disability are among the many factors that can shape the experience of siblings.

According to a 2006 National Adult Sibling study conducted by the Vanderbilt Kennedy Center's National Sibling Research Consortium, siblings of adults with disabilities are doing very well overall. In that study, siblings reported that as a group, they spend a fair amount of time with, feel very affectionate and close to, and have benefited greatly from their brother or sister with a disability.

Jodee Kozlak, executive vice president of human resources at Target Corporation, and her youngest sister, Amy Stapleton, would agree with that positive viewpoint. They share their perspectives on the impact a child with a disability can have on siblings.

Prepare for the best

Jodee was 10 years old when her brother John, at 15 months old, had a brain injury. He now functions at a preschool level. "My parents were told that they couldn't predict anything about John's future and to prepare for the worst," Jodee says. "They said if you can't predict anything, then we'll prepare for the best!"

Her parents' philosophy set the tone for



John Zahariades (center) in an early family photo with bis sisters, left to right, Teresa, Jodee, Suzy and Amy

this big Greek family. "My three sisters and I responded to John as a hero. I believe I was deeply influenced by my family and their viewpoint of looking at the situation as a positive one. You never give up, and our parents didn't give up on our brother. They believed in human capability and undying love, and being proud of John, not being embarrassed but celebrating his life."

That philosophy meant including John as much as possible in family life. "It was very important to us as a group to include John," Jodee says. "I remember taking him to the grocery store and the looks we got from people because of his unpredictable behavior. As a family, our response was to say, 'tough!' We deliberately included him."

As the oldest of five children, Jodee had a different experience then her sister Amy, who at age 38 is only one year older than John. He was "more of a playmate" for her, Amy says, but she also remembers the public reactions to her brother's behaviors.

"I remember our parents taking us out to the movie theatre," Amy says. "John was hyperactive and would make noises and clap his hands. I remember getting so upset about the way people looked at us and wishing he had a physical disability so they would know."

John's disability did not stop Amy from inviting her friends to her home, however. "My best friends all just loved John. Even to this day they ask about him."

Restrictions, responsibilities

While both sisters remember their childhood years with John in a positive light, there were also certain restrictions and extra responsibilities that came with being John's sister.

"For me, it meant very much taking on additional responsibilities so my parents had time with John," Jodee says. "We arranged things so we all had time with him and our mom would

have a break."

She remembers having to quit her first job so she could be home to care for her sisters and start dinner.

"I'm sure there were times when I thought, 'bummer,' but we all did our part," Jodee says. "As a family we came together and believed in the power of hope, love, and attention."

She also remembers her sisters feeling disappointed when they couldn't do something because of John, but said they never dwelled on it.

"Because there were four of us older sisters, there were two others who helped immensely," added Amy. "Even though it was difficult at times we all just naturally pitched in and shared in helping care for John."

During John's middle school years, his bus trip home from school took one hour.

"I remember being at home after school waiting for his bus," Amy says. "I couldn't be in after-school activities for that time period. That stands out. I had to be home to help get John off of the bus."

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Spotless Wheelchairs

A youth group from Stowers Hill Baptist Church in Attalla cleans up a wheelchair as part of a wheelchair wash held by the Gadsden Children's Rehabilitation Service (CRS) office. The Hill Student Ministries scrubbed and pressure-washed the chairs, inflated balloons and painted faces. Dave Nix from Alabama Wheelchair Specialists in Birmingham assisted the youth with cleaning and assessed the need for new parts. Sandra Hazzard, parent consultant, also had a resource table with information about Family Voices, Autism awareness community events, the Spina Bifida Association of Alabama, and a small selection of books available for loan from the CRS resource library.

(Siblings, continued from Page 4)

There were other inconveniences, Jodee recalls.

"Sure, there were places you didn't go or vacations you didn't take, and we really had to respect his routines. But our home was the hangout place for our friends — that wasn't an issue. His disability was never something behind the scenes."

Positive influences

Despite these limitations and responsibilities, both Jodee and Amy attribute many positive character traits to growing up with John. "It causes you to be really resilient and less judgmental and gives you a wider scope of experience," Jodee says. "I'm just not fazed by things. I have a huge tolerance and a righteousness that everyone belongs."

The time spent babysitting her siblings during her childhood, she notes, probably would have been her fate even if John had not been her brother.

"We are a big Greek family, so we had grandmothers, cousins, aunts, and uncles around and in and out of the house all the time. As the oldest of the five and often the one taking care of other cousins, I think I would have ended up in charge anyway."

Being John's sister helped Amy be more accepting and to appreciate others who were unique or who were cognitively challenged. "It

definitely helped me to become a more patient person and also competitive in a sense," she says.

Both sisters remember how hard John worked, and how much he had to focus to accomplish something. "Here was a person with a disability, and there was nothing stopping him," Amy says. "Watching him encouraged me to try harder and not give up."

Amy believes that her parents were good at not letting John's disability become an obstacle for their other children. She recalls once-a-year vacations to places such as Disneyland that would have been impossible without respite care for John.

"I did not feel like I had less attention," Amy says of her childhood. "I almost felt that John being a special needs child pulled the family together."

Today, their 37-year-old brother lives in a group home with three other men near their parent's house and works five days a week. Every Sunday he visits his parents, and his siblings call or visit on a regular basis.

Because John has a normal life expectancy and their parents are growing older, Jodee and her sisters are beginning to think about John's future care. "Just recently we've agreed that we need to get my parents out of the winter for a few weeks. They have been reluctant to travel because of John, but we are committing to taking care of John when they are on vacation."

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Tips for parents

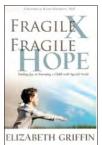
- Be open and honest.
- Limit caregiving responsibilities of siblings.
- Use respite care and supportive services.
- Accept the disability.
- Schedule special time with your child who does not have a disability.
 - Let siblings settle their own differences.
 - Welcome other children into the home.
- Involve all siblings in family events and decisions.
- Require the child with the disability to do as much for himself or herself as possible.
- Recognize each child's unique qualities and family contribution.
- Recognize special stress times for siblings and plan to minimize negative effects.
 - Teach siblings to interact.
- Provide opportunities for normal family activities.
 - Join sibling-related organizations.

From the National Information Center for Children and Youth with disabilities, News Digest, Number 11, www.nichcy.org.

Book Review:

"Fragile X Fragile Hope: Finding Joy in Parenting a Child with Special Needs"

"Fragile X Fragile Hope" allows the reader to journey into the life of Elizabeth Griffin, a mom who writes about the intricate and sometimes-



difficult role of caring for a child with special needs. Her son Zack is diagnosed with Fragile X Syndrome, which the author describes as the mostcommon inherited cause of intellectual disability and most-common known

cause of autism, but the most under-diagnosed.

Griffin writes quite expressively about her struggles as a mom. She unashamedly expresses her worries, her emotions, her instinct and her faith. She courageously allows the reader to come into the doors of her home, and the windows of her heart and emotions. The reader enters into that precious and sometimes fragile place that is silently tucked away from providers, clinicians and therapists, and sometimes even family and friends. It is that place with which families of children with special health care needs can easily identify and realize that they are not alone.

As a parent of a child with a dual diagnosis of autism and an intellectual disability, I gained great admiration for the Griffin family. I would highly recommend this book to any family who is at the beginning stage of discovering that their child has special needs.

Vivian Spears

Parent Consultant, Tuscaloosa



Petey McVey, a CRS consumer, enjoys the front porch that was built for him by volunteers

CRS consumer gets new porch built

When Petey McVey of Talladega called for his care coordinator, the phone was answered by Judy Roberts, administrative support assistant. During a conversation, he began talking about his love for country music. Judy mentioned her husband had just won a Willie Nelson CD on the radio, but didn't really care for it and offered to give it to him. Petey accepted immediately. But he ended up with more than a CD.

When Judy delivered the disc to his home on her lunch break, she noticed the front porch was falling apart and worried that the young man's wheelchair would fall through. She asked her husband, Billy, if there was anything he could do to help.

Billy and his friend Tommy Kulk enlisted the help of the Talladega Masonic Lodge 261 and the Eastaboga Masonic Lodge 155 to build a new porch. The lodge purchased the lumber with matching funds given by the Grand Lodge. A good deal on the lumber was given through another friend, Danny Jones, at Oxford Ace Hardware. With the help of other lodge members, the porch was torn down and rebuilt on the following Saturday while Petey watched until the sweltering 100-degree heat forced him inside.

Petey and his grandmother, Mary McCormick, said they were extremely grateful.

For others needing help, Tommy Kulk said there are organizations across Talladega County to help people in need and to contact either of the Masonic Lodges, whose purpose is to help people whenever they need it.

Sandra Hazzard

Parent Consultant, Anniston, Gadsden and Talladega

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Mobile CR staff wins \$500 for a consumer



Jo Blount, Mobile CRS TBI care coordinator, displays the check used to purchase an adaptive tricycle for Kelsey Evans, far left. Kelsey is joined by her mother, Tissa; another consumer, Delaney Zimlich; Delaney's mother, Jenni; and Patti Fassbender of Mobile CRS.

After seeing an ad asking for people or organizations that go the extra mile, Jo Blount, a traumatic brain injury care coordinator with Children's Rehabilitation Service (CRS) in Mobile, immediately thought of the Children's Rehabilitation Engineering Team.

The team writes grants to receive funding to assist people with disabilities with their adaptive technology needs. Patti Fassbender, Mobile CRS physical therapist, is part of the group.

Thanks to Blount's nomination, the team was chosen as recipient of the weekly Chris Meyers Nissan Extra Mile Award and was honored on WALA Fox 10 News in Mobile. The group received a \$500 prize, which they used to purchase an adaptive tricycle for a child with a disability.

The child, Kelsey Evans, was joined by Delaney Zimlich, another consumer, who already has a tricycle.

The trikes were purchased through Ambucs, a non-profit committed to providing mobility and independence for people with disabilities.

CRS, STAR raise thousands towards consumer's minivan

Breanna Thrasher was only 8 years old when she sustained a traumatic brain injury and spinal cord injury in a car crash that also claimed her mother's life.

Following the accident, the youngster's paternal grandmother, Martha Thrasher, became her legal guardian.

When Breanna was younger, her grandmother could easily lift Breanna from her wheelchair to the family car. As the girl grew older, though, Ms. Thrasher could no longer lift her, so she mostly remained at home. As a result, the family could not leave their Anniston apartment as often as they wanted, said Randy Whitt, Breanna's care coordinator with Children's Rehabilitation Service.

To address the transportation problem, CRS worked with VRS Assistant Commissioner Joe Helm, who oversees STAR, Alabama's assistive technology resource, to find the family an adaptive mini van.

Together, the programs were able to raise thousands of dollars in donations, reducing the family's van payment to something more manageable.

The donations came from a number of sources, including the Individual and Family Support Council of Calhoun and Cleburne Counties, the Alabama Rehabilitation Association, the Calhoun County Achievement Fund, Alabama Rehab Associates, the Emblem Club of



Breanna Thrasher, front, is joined by Kate Wallace, of STAR; Martha Thrasher, Breanna's grandmother; Elizabeth Payne, the van's seller; Kay West, ARA president; and Randy Whitt, Breanna's care coordinator

Calhoun County, the Opportunity Center, Darden Rehabilitation Center, Wiregrass Rehabilitation Center, and The Vending Center.

Her grandmother said she appreciates the efforts of CRS, STAR, and the many organizations that donated to the family for the adaptive van.

"It has really helped Breanna," her grandmother said of her granddaughter, who is now 11. "She is thrilled she can go places and get out more."

Toys'R'Us releases 2010 special needs toy guide

Toys"R"Us Inc. has released the 2010 edition of the Toys"R"Us Toy Guide for Differently-Abled Kids®, a toy selection resource that can help parents of children with special needs select toys that develop skills through the power of play.

This year, actress, author, philanthropist and mother of a son with autism Holly Robinson Peete appears on the cover, along with Tommy Austing, a 6-year-old boy from Los Angeles, CA.

"I am truly honored to appear on the cover of the 2010 Toys"R"Us Toy Guide for Differently-Abled Kids because I have seen how everyday toys, like those featured in the Guide, have helped my son build skills to enhance his development," said Robinson Peete.

Released annually, the Guide is available in Toys"R"Us® and Babies"R"Us® stores nationwide and online, in English and Spanish, at Toyrus.com/DifferentlyAbled. The largest edition ever, this year's guide has increased to 60 pages and features an expanded assortment of online offerings that are available through the company's website.

For nearly 20 years, the guide has assisted parents, family, friends and caregivers by providing qualified toy recommendations to help aid in the skill development of children who have physical, cognitive or developmental disabilities. To help parents select the perfect playthings for their children, all toys featured in the guide are associated with icons that show parents which skills can be developed during playtime.

Online shoppers interested in finding all of the information and products available in the guide can visit the company's website. The online version allows shoppers to search by skill, price and age range to select and purchase toys directly from the digital pages of the guide.







CRS CELEBRATES 75 YEARS

Children's Rehabilitation Service (CRS) offices all across the state held events to celebrate the 75th Anniversary of Title V of the Social Security Act.

Top, At the CRS Mobile event, Lisa Tynes, right, CRS audiologist, takes a picture with ber mother, Gayle Hudson, 74, who was a patient of the Crippled Children's program in Pensacola, Fla.. Top left, the Homewood office's celebration included a pot luck lunch and birthday cake with its Parent Advisory Committee (PAC) members. Bottom left, PAC parents presented Homewood staff with a birthday card from families that included special messages of thanks and congratulations to CRS. Bottom, Consumers join the Anniston staff for their 75th anniversary celebration.



FAMILY VOICES

Celebrating Title V: No better way than to stand side by side

Family Voices is proud to be celebrating this landmark occasion as we have championed the value of family/professional partnerships in program and policy since the inception of Family Voices in 1992.

Title V's original purpose was "to improve the health of all mothers and children, including children with special health care needs" (CSHCN). Families were involved from the beginning, but their role in Title V programs received a stronger focus in the 1980s. By the 1990s, states began reporting the involvement of families in CSHCN programs and policies in the states' Title V block grants. And Family Voices was right there.

For more than a decade, family members have reviewed states' Title V block rrants. Workshops trained parents to be block grant reviewers and to date, family members have participated in reviews of block grants of all states and territories — more than once

for many states. Each year MCHB selects approximately 10 parent reviewers – some experienced, some first-timers – from diverse backgrounds. This year, for the first time, a young adult was a reviewer.

Another measure of CSHCN family involvement comes from "Form 13" in the block grant application. In 2010, 43 of 59 states and territories scored in the upper third on this measure.

Similar reporting is not required of MCH family involvement. According to Betsy Anderson, Family Voices IMPACT Director, "There is not as much family involvement in MCH as there is in CSHCN. We need to find a champion for this cause!"

Friday's Child frequently features parent/ professional partnerships accomplishing wonderful projects. New Jersey's Gloria Rodriguez, director of Special Child Health and Early Intervention Services, New Jersey Department of Health said about working with her state's parent advocacy network:

"Our collaboration-partnership is possible and effective because we have trust in each other, equality and a balance of power, a shared vision and commitment to the same goals; we highly value the contributions made by each agency; and we see the benefits to our respective agencies, but most importantly to the families and children we serve."

Successful partnering depends on recognizing strengths and unique perspectives. Claudia Fernandez, director, MCH-Public Health Leadership Institute "believes leadership is about creating the kind of culture in which everyone feels welcome and can contribute the gifts they bring. There is no better way to achieve that goal than to stand side-by-side-parent leaders and program leaders — as we create, deliver, and learn together."

HERE'S TO THE NEXT 75 YEARS!

Coming in 2011: A Series of Trainings on Transition Planning

Family Voices of Alabama is partnering with Children's Rehabilitation Service (CRS) and Alabama Disabilities Advocacy Program (ADAP) for a new project funded by the Alabama Council for Developmental Disabilities.

Called "What's Next?", the project will provide answers for transitioning youth and their families through a year-long series of real-time interactive video-linked workshops to be held every other month.

Families, youth and the professionals working with them will have the opportunity to attend workshops in eight locations throughout the state to hear presentations from various experts on topics that have been identified by families, such as individualized education plan

(IEP) development, Medicaid waivers, adult health care and medical homes.

Families and youth will be reimbursed for their travel expenses. CEU's will be available for nurses and social workers. After the sessions, presentation materials will be available on a website, which will be linked to all three agency websites. Please check with the parent consultant or a care coordinator in your local CRS office in January, when we will announce the eight locations and the first training date for February.

The next issue of *Parent Connection* will include the complete schedule for the remainder of 2011. We hope you can join us as we try to find answers to the question,

"What's next after high school?".

Susan Colburn

State coordinator, Family Voices of Alabama

You are invited to join Family Voices and the Association of Maternal and Child Health Programs (AMCHP) in a shared celebration honoring Polly Arango and others who have dedicated their lives to children and families at a dinner on Monday, Feb. 14, 2011, at the Omni Shoreham Hotel in Washington, D.C. This fundraising event will benefit Family Voices and AMCHP. For additional information, visit www.familyvoices.org.

For information about Family Voices, please contact the Alabama state coordinators, Susan Colburn, 334-293-7041, <u>susan.</u> colburn@rehab.alabama.gov, or Jerry Oveson, 251-438-1609, oveson@bellsouth.net.

Funderful Times with pets

I remember a time when my husband, Jerry, and I would see people traveling about with their dogs dressed up, treating them more like children than animals. Then one day we became them. Being a huge faith person, I see that God has a sense of humor in making our seasonable moments of humor become our reality. As for me, growing up in the city, it wasn't reasonable to have pets, and my mother thought they were rather messy anyway. So I wanted my children to live in the country, have pets, and feel free to explore. Because of that, we have had so many pets that to mention them all would take too much time. But I do want to share with you the best gifts of all and how you, too, can have the love of a pet to encourage your family.

We will start with my therapy dog, Chocolate, a Yorkie Pom who came into my world on a day I needed him. Turning 5 in January, Chocolate is with me wherever I go, and yes, dresses up on occasion. Then there Prancer, who is our son Garrett's cat and the oldest of the our four felines. Prancer is 13 years old, and when Garrett was in school, he sat with him waiting for the bus each morning, only to return in the afternoon to await his arrival. Now there is Beau, our black Labrador retriever mix, who is also our seizure response dog and an inductee into the Alabama Animal Hall of Fame.

Beau is a self-taught seizure response dog that we adopted from the Huntsville Humane Society in 2004 at 6 months old. We were



Rita's son Garrett holds one of the family's four cats, Patches



Beau,
the Cobb
family's
black
Labrador
retriever mix
and seizure
response
dog for Joel
and Ethan,
poses with
Chocolate,
the family's
Yorkie Pom

exhausted from staying up with our son, Ethan, who had his first seizure that February at 9 years old. The list was just too long to wait for a canine assistant dog. So with sheer hope, I stopped at the humane society to see if there were any animals available fitting what we needed. Then I was told about Beau. A couple of days later, Ethan spent a few hours with Beau and the connection was made. On day four of having Beau, we found him laying against Ethan's body, head to head, with his body down the side of Ethan's and his four legs stretched out. Ethan was having a seizure in his bed. We knew then we had made the right decision.

A pet could easily connect to your child and family also. To help, I have written a few tips for making your experience a "funderful time":

- Consider getting an older pet. This means the pet probably will be house-broken, fully grown and with a developed personality. You will easily know what you are getting.
- Set aside some time for the family to spend with the pet before you take it home. Allowing your child and family to do so will give all of the foresight of building a relationship, and how all of you will interact. The pet is an important part of this process.
- Have a family meeting. Discuss the options and make sure everyone is in agreement about what having a pet in the family will mean from walking the dog to cleaning up after it.
- Consider what you will need for the pet. Have a designated place for food, water, and

other essentials. Have a blanket, quilt or pillow where the pet can sleep. Find a vet that you and the pet are comfortable with as well.

- Set rules prior to a pet coming to live with you. For example, discuss feeding them food from the table. Know what they can and cannot safely eat.
- Use positive reinforcement for your pet. For our dogs, we have treats by the back door to offer after walks, and for those special tricks we love to watch them perform.

Pets are fun to have, but they are also a responsibility. With our economy, many people are taking their pets to places like the humane shelter to be adopted. You may find that the pet of your choice has already been a family-friendly pet and ready to have a home.

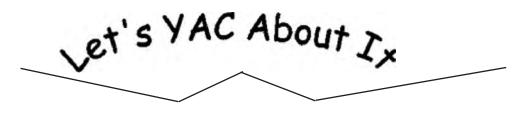
We treat our pets like family, and our neighbors are patient and loving to each one of them. Our sons know the responsibility involved and have adapted well. As a caregiver, Chocolate gives me the respite and understanding for my sons with seizures. Beau has not only been a friend, but a treasured asset for my husband and me. The cats are Garrett's love. Two of them stay with him wherever he goes, and he takes good care of them.

Pets can be asset to your family, too. Finding the right one can make for some funderful times for you and your family.

Rita Hutcheson-Cobbs

Parent and caregiver, Somerville





Apple iPad, iPod Touch give consumers a voice

Although Justin Harvill has Down's syndrome and is unable to articulate his words, he did not like to use his DynaVox in the classroom.

"It was so big, and it attracted too much attention," said his mom, Kim Harvill, about the assistive device. "It caused a lot of confusion in the classroom."

To give consumers such as Justin another, less obtrusive way to communicate, the Montgomery CRS office recently purchased an iPod touch and an iPad for the Augmentative Communication Technology (ACT) Clinic to offer as an alternative to traditional augmentative communication devices.

"It is a good option to other devices," said Jeff Mega, rehabilitation technology specialist. "Some people don't want to carry those bulky devices around."

CRS staff have loaded speech-generating software on the two devices to allow the consumer to communicate.

One application, known as Proloquo2Go, provides natural sounding text-to-speech voices. It also has a default vocabulary of more than 7,000 of the most commonly-used words in the English language.

"It is good for people of all ages and all different cognitive levels," said Emily Stringfellow, the speech-language pathologist in the Montgomery CRS office. "This kind of software is opening a whole lot of doors that have never been opened before."

Purchasing the software with the iPad or iPod Touch is less expensive than purchasing large communication devices. Proloquo2Go costs about \$200. The iPod touch costs about \$300, while the iPad runs about \$500. Traditional communication devices can cost anywhere from \$3,000 to \$9,000, said Mega.

Even so, the downside of using the iPad or iPod touch is that Medicaid and insurance companies have not yet approved the devices

to be purchased for people with speaking difficulties.



Emily Stringfellow, Montgomery CRS speech-language pathologist, shows the iPad and iPod Touch

"We're working on trying to get it approved by Medicaid," Stringfellow said.

As for Justin, after testing both devices in ACT Clinic, he decided to go with the iPod

Touch. CRS worked with his family to get the device for him along with speech software.

"It is something that is really cool and can fit in his pocket," his mom said. "He can fit in more with his peers."

Indoor Games Word Search

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CHARADES	MUSICAL CHAIRS
CHECKERS	OLD MAID
CHESS	SOLITAIRE
CRAZY EIGHTS	THUMB WRESTLING
GO FISH	TIC, TAC, TOE
HOTTER, COLDER	TIDDLYWINKS
I SPY	TWENTY QUESTIONS

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What's Ahead

January 2011	"What's Next?" Transition Training series, dates to be announced in January. Check with local CRS office or on the websites of Family Voices, ADAP, or CRS.
January 22, 2011	CRS State Parent Advisory Committee in Montgomery. For more information, contact Susan Coburn, state parent consultant, or your local parent consultant.
Feb, 23-26, 2011	LDA Annual International Conference, sponsored by the Learning Disability Association (LDA) of America, Jacksonville, Fla. For more information, visit www.ldanatl.org/conference/index.asp.
Feb. 24-25, 2011	10th Annual Alabama Autism Conference, sponsored by the Autism Society of Alabama and the University of Alabama; Bryant Conference Center, Tuscaloosa. For more information, contact Amanda Al-Betar at (205) 939-5281 or aalbetar@cc.ua.edu.
March 5, 2011	5K Redskin Run Fundraiser, sponsored by the Alabama School for the Blind; Alabama School for the Blind gymnasium, Talladega. Registration begins at 7 a.m., start time at 8 p.m. For more information, contact Valerie Burrage at (256) 493-8414 or burrage.valerie@aidb.state.al.us.
March 7-8, 2011	Alabama <i>Transition Conference XXI</i> , sponsored by Auburn University; The Marriot at Grand National, Auburn-Opelika. For more information, visit fp.auburn.edu/institute/XXI/XXI_Conference.asp.
	Local PAC meetings: Check your local CRS office for dates and times of meetings in your area.